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THE

CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager ..... MISS HELEN RANDAL, R.N.

VOL. XVIII. VANCOUVER, B. C., MARCH, 1922 NO. 3

Officers of the Canadian National Association of Trained Nurses, 1921-1922

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Memorial Committee

PROGRESS OF THE NATIONAL COMMITTEE

Miss E. K. Russell, Department of Public Health Nurses, University of Toronto, has been appointed secretary of the National Committee.

PLACING OF MEMORIAL

The Deputy Minister of Public Works, the Honourable J. B. Hunter, has been communicated with in regard to securing permission to place the memorial at Ottawa. Miss Dickson, President of the Canadian National Association of Trained Nurses and a member of the National Memorial Committee, expects to have an interview with the Deputy Minister in the near future, as she expects to be in Ottawa.

PROGRESS OF PROVINCIAL COMMITTEES

Some advancement in plans has been reported during the month of January. The provincial committees are being organized and plans

are being made for securing the fund assigned to each province.

ALBERTA—Convener and Provincial Treasurer, Miss E. MacPhedran, Central Alberta Sanitarium, Calgary. The committee has been formed by appointing the presidents of the local nursing associations, the superintendent of the Public Health Nurses, the president of the Overseas Nurses' Club of Edmonton, the superintendents of hospitals where there are no nursing organizations, and Mrs. Christine Forbes, of Peace River District. This Province hopes to collect the whole fund from the nurses themselves.

MANITOBA—The Provincial Committee has been appointed as follows:—Convener, Mrs. Bruce Hill, Winona Court, Nassau Street, Winnipeg; Treasurer, Miss E. Carruthers, 758 Wolseley Avenue, Winnipeg; Secretary, Miss I. Jeffares, 11A Justice Apartments, Winnipeg.

ONTARIO—The Provincial Committee is making decided progress in the plans for communicating with the nurses throughout the Province, and to interest all nurses in the success of the undertaking.

NEW BRUNSWICK—A report states that a meeting is being held in February to decide what action this Province will take in regard to the memorial. No committee has as yet been appointed.

NOVA SCOTIA—The Provincial Committee is as follows:—Convener, Miss K. O. MacLatchey, Military Hospital; Treasurer, Miss Laura Hubley, Military Hospital, Halifax; Miss Catharine Graham, Miss Margaret McKenzie and Miss Mary Hayden. Further appointments will be made and reported at a later date.

The National Committee would like to call attention to the resolutions passed at the annual meeting in Quebec:

"Moved by Miss Randal, seconded by Miss Urquhart, that this association decide upon a National Memorial in the form of some permanent structure, actual definite form to be left to a committee and established in Ottawa as our Federal centre. The final decision to be brought to the Association for approval."

"Moved by Miss Gray, seconded by Miss Mabel McNeill, that the objective of the National Memorial be $50,000, and any money left over be given to the provincial associations as a nucleus for their memorial."

Some of the provinces are now objecting to the form which the memorial will take. The National Committee has no alternative except to carry out the wishes of the association as expressed by the representatives of the different affiliated associations.

The raising of the objective from $50,000 to $65,000 was approved by the Executive Committee of the Canadian National Association of Trained Nurses before any action was taken by the Memorial Committee. This change was made, as the original estimate did not provide

for any expenses necessary to the work of the National Committee, the preliminary work of securing designs or the establishment of the memorial after the design decided upon is completed. This committee hopes that this explanation will explain this matter to the members who have raised the question.

JEAN I. GUNN, Chairman.

Professional Courtesy

In the midst of the breathlessness which is at present a characteristic of the nursing world, as it hurriedly follows in the steps of Progress, the necessity of harking back sometimes to first principles cannot fail to be apparent to the true lover of the profession. There is cause for fear lest, beneath the somewhat overweighted superstructure of technical education, which is being raised above her head, certain fundamental matters should be smothered or overlooked in the training of the present-day probationer.

It is no new dictum that education and examinations, certificates and registration do not, and never will, constitute all that is needed to make a really good nurse. Even if she add to these attainments the solid virtues of conscientiousness, patience and general worthiness, all will be discounted if these excellent materials are not made pleasing to the eye by a delicate embroidery of kindness and sympathy; by a gracious manner and true courtesy. In the absence of these added graces, the advent of a nurse in a private house is often looked upon with dread and aversion; in the hospital ward, patients become gloomy, homesick and irritable; in the "Homes"—alas, so often a misnomer—melancholy makes more dreary the already gray life of those who are known as "Incurables"; while a deeper shadow is cast over the mind of the "mental" patient, making him more introspective and wretched, and certainly lessening his slender chances of recovery. Although it may seem a very small thing to be "glum" when one should be bright, to allow an abrupt manner to conceal quite good intentions and a really kind heart, or to treat those whom one considers "unimportant" people with indifference or scant politeness, it is in reality an item of conduct which cannot be ignored with impunity, and may have consequences far-reaching and unexpected. Matrons of hospitals and sisters of wards are not always blameless in this respect, and, indeed, one is forced to acknowledge that strangers or patients' visitors often meet with far more politeness from the newest probationer than from her superior officers. Her habit of courtesy has, presumably, not yet been attenuated to vanishing point by the attrition of too constant use, for, admittedly, politeness is one of the most elusive of everyday graces. For all

that, it is impossible to overrate its importance.

Courtesy should have its natural source in the matron's office, and permeate from thence through the sister's sitting-room to the wards, to duty-rooms and ward-kitchens, the out-patients' waiting-hall, the enquiry-office and the porter's lodge. Immediately on crossing the threshold this pleasant atmosphere should meet and surround strangers as a matter of course; but, with some notable exceptions, this is by no means the case. It is within the experience of most people who visit hospitals and kindred institutions that sometimes they are greeted with curt questions or are ignored altogether. Should they by mistake call to see a patient when it does not happen to be "visiting day," or commit the heinous offence of forgetting to bring with them the regulation "visitors' cards," they may find themselves looked upon as social outcasts and treated as such. Even the reply to a perfectly natural question at a ward door as to the bed where a patient may be found has been known to be given with a vexed inflection of voice, or an air or infinite boredom, by the nurse on duty! And surely there must be something wrong in a hospital where, should a visitor from a distance be permitted on an occasion to see a patient at the ward tea time, the cup which cheers, but yet which costs so little, is not offered her.

Rules in the hands of authorities who have never learned the art of courtesy become as cast-iron and resemble penalties to be enforced, rather than arrangements which have been made for the comfort and well-being of all. In all institutions for the sick they should be elastic, capable of wide interpretation by kindly minds, and administered always in a tactful, courteous manner. In every walk of life courtesy "pays." Nothing is gained by incivility. Grumpy, ill-mannered people cannot hope to be popular, but the tactful conceding of some unimportant point, not grudgingly, or of necessity, has been known to win many friends. Everywhere charitable institutions are crying out for public support, and the authorities of such will do well to be careful that none of their subordinates cultivate an attitude towards the strangers within their gates calculated to alienate sympathy and dry up possible channels of help.

In the oldest minute-book in the possession of the Edinburgh College of Surgeons there is a prayer, quaintly spelled and worded, by the famous Scottish reformer, John Knox, which was quoted in the Fellowship address at the American Convocation of the College of Surgeons. In it he says, in connection with "things that concern our calling, we beseik thee, O Lord, to gif us grace to proceed thereintill without malice, grude, or partialitie, sua that the things we may do may tend to the glorie of God, the weill of our vocation, and comfort of every member of the samen." Here is, at once, the bedrock and the highest altitude of our profession—the motive and the crown of all.—

The Nursing Mirror.

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,
Curator of the Medical Museum, McGill University

(Continued from February, 1921).

LECTURE X.

SECTION 22.

NURSING IN THE GREAT WAR.*

(a) The British, (b) The Canadian, and (c) The American Army Nursing Services; (d) Edith Cavell, and others.

Foreword: It need scarcely be remarked that an attempt has not been made to cover this immense subject in its entirety here. As elsewhere, in these lectures, treatment of it is necessarily fragmentary and suggestive, and the account is meant to serve rather as an introduction which should be pursued by the student further and along broader lines elsewhere. Accordingly, an outline is given only of the organization of the Nursing Service in those countries with which we are most directly concerned, namely, that of the British Army and of the Canadian and American Expeditionary Forces. The facts stated below have been drawn from or corroborated by the following official sources, and are, therefore, strictly correct. The account of the development and organization of the Canadian Nursing Service, together with the biographical statements attached, has been kindly supplied to the writer for the purpose of these lectures by Matron-in-Chief Macdonald, R.R.C., Department of Militia and Defence, Ottawa (who has been appointed by the Dominion Government to write the official history of the Canadian Nursing Service during the War); the biography of Miss Macdonald herself is drawn from an article in *"Echoes"* for March 1921, written by Matron-in-Chief Rayside; the statement of the organization of the Nursing Service under the British Army has been submitted to the Chairman of the Queen Alexandra Nursing Service and approved by him; that of the Nursing Service under the American Expeditionary Force is from the pen of Major Julia C. Stimson, Superintendent of the American Army Nurse Corps, Washington, D.C., who has most kindly supplied it; and the description of the Western Reserve University Unit is written by Dr. Crile and Nursing Sister Agatha Hodgins, Head Anaesthetist of the Lakeside Hospital, Cleveland.

The valuable and authentic information thus obtained greatly enhances the value of this portion of the course, and the assistance so rendered is gratefuly acknowledged by the compiler of these lectures.

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(*a*) The British Nursing Service.

Remarks: For the sake of clearness and to preserve the chronological order of entrance into the war, an introductory statement on the organization of the British Army Nursing Service is in place. This service is not, as in the case of the Canadian and American Expeditionary Forces, a part of the British Military system, that is, of the R.A.M.C., but is in the nature of an auxiliary to the British army; for this reason, while its members staffed the British hospitals from the Casualty Clearing Stations back, had full authority and status in the discharge of the duties of their post, and became the recipients of the highest honours that could come to women (as in the rank of "Dame"), they were not on the military basis nor could they receive relative rank, remaining as "Matron" and "Sister." The British Auxiliary Nursing Service was organized under the patronage of Queen Alexandra, under the title of the Queen Alexandra Imperial Nursing Service. Its members were divided before the outbreak of the war into the *Permanent Force* and the *Reserve*. The members of the Permanent Force were women of high professional, social, and educational status, who were selected for special qualifications, and from their ranks were largely drawn the Matrons of the various British Hospitals. The Reserves were drafted into service as Staff Nurses on the outbreak of the War, in the same way as were the men on the Army Reserve. The members of the Permanent Service wore the grey uniform with scarlet cape; members of the Reserve wore a grey cape with scarlet border. During the War an appeal was made in the Colonies for Staff Nurses for the Queen Alexandra Imperial Military Service, and a number responded. In addition to those from the Queen Alexandra Service, a large number of the British Army Nurses, during the war, were drawn from the Territorial (Old Volunteer) Force Nursing Service, which is now known, since the Militia Act of October 1st, 1921, as the Territorial Army Nursing Service. The Matron-in-Chief of the British Nursing Service in England throughout the War was Dame Ethel Hope Beecher, R.R.C., late Matron-in-Chief of the Queen Alexandra Service and Chevalier of the Legion of Honour of the French Republic; Dame E. Maud McCarthy, G.B.E., R.R.C., Matron-in-Chief of the Territorial Nursing Service, held the same high office with the British Expeditionary Force in France; and Miss Beatrice Jones, G.B.E., R.R.C., of the Queen Alexandra Service, was Matron-in-Chief with the British Expeditionary Force in Mesopotamia from 1914 to 1920, and then Chief of the Civil Administration there until her death at Bagdad, on January 19th, 1921.

A report of the Territorial Service during the War, presented by Dame McCarthy on December 2nd, 1920, showed that 7,117 members were on active service; 2,280 served abroad. Twenty-four General Hospitals of 520 beds each, and each staffed by 121 members, had

been established in its forces. Of the Units sent abroad, ten General Hospitals had been sent to France; three General Hospitals and one Stationary Hospital to Salonika; one Stationary Hospital to Malta; one General Hospital to Egypt; one General Hospital to Mesopotamia, and one General Hospital to East Africa; also, numerous members of the force were posted in casualty clearing stations, ambulance trains and barges, hospital ships, etc. There were forty-eight casualties. The gallant work of this service reached a very high standard and a special medal known as the Territorial Force War Medal has been established by the King for its members on active service from 1914 to 1919, who had volunteered before September 30th, 1914.

The Queen Alexandra Service and Reserve have a still larger record, over 13,000 members having been enrolled and numerous decorations received. So also the Queen Alexandra Royal Naval Force Nursing Service.

The youngest branch of the British Army Nursing Service is that of the Royal Air Force. This was formally established by Royal Warrant on January 27th, 1921. It consists, as in other branches of the British Service, of a Matron-in-Chief, Matrons, Senior Sisters, Sisters and Staff Nurses. It was in action through the latter part of the War before its formal establishment.

Slide 232. Miss Christine Cameron, R.R.C. Matron of the R. A. F. Hospital at Halton Camp, Bucks. Trained at the Royal Infirmary, Manchester; did private duty nursing and nursing in infectious diseases, and then was five years on the staff of the Princess Christian Trained Nurses' Home at Windsor. In August, 1914, was called up for duty, as a member of the Queen Alexandra Reserve; on active service in France until 1918; invalided home and later joined the Royal Air Force Nursing Service; received the Royal Red Cross, the 1914 (Mons) Star, the Allies Medal and the Victory Medal.

Slide 233. Memorial Tablet to the Scottish Nurses of the Q.A.I.M.R.S., and the T.N.F.S., who died on War Service; erected in St. Giles' Cathedral, Edinburgh. Sculptor, Mr. L. P. Roslyn. At the top is a statue of St. Andrew and the Badges of the Queen Alexandra Imperial Nursing Service, and its Reserve, and of the Territorial Force Nursing Service. Below is the inscription—"To the Glory of God, and in memory of the Scottish nurses who gave their lives in the Great War, 1914-1919." Bronze figures at either side below represent Courage and Patriotism, Peace and Sacrifice. The center of the tablet bears the names of the nurses who made the supreme sacrifice.

Other memorial tablets have been erected in Cathedrals in Wales and in Dublin. Memorials to the English Nurses to be placed in the Memorial Chapel of the Queen Alexandra Military Hospital and in the Kitchener Chapel of St. Paul's Cathedral, London, are in course of preparation.

(*b*) The Nursing Service of the Canadian Army Medical Corps.

Remarks: (*By Matron-in-Chief M. C. Macdonald, R.R.C.*). With the participation of Canadian Troops in the South African Campaign, 1899 to 1901, there developed the question of the inclusion of Nurses. Volunteers were not wanting.

When it was decided that Canadian Hospitals carrying female

personnel would not be required, the services of four Canadian nurses were placed at the disposal of the Imperial military authorities for duty in South Africa. The offer was gratefuly accepted and the first appointment given to *Miss Georgina Fane Pope,* a graduate of Bellevue Hospital, and a member of a distinguished Prince Edward Island family. To accompany her, the Misses S. Forbes, B. Russell and M. Affleck were selected. This party accompanied the first Canadian contingent, embarking November, 1899.

Upon the formation of the second Canadian contingent, four more nurses—Misses Harcomb, Horne, Macdonald and Richardson—were appointed for similar duty and embarked for South Africa early in 1900. Later, followed the Misses F. Cameron, M. H. Smith and A. W. Scott. Although nominally serving under the Matron of Imperial war hospitals, Miss Pope, by virtue of special administrative ability, as well as seniority of appointment, became responsible in all nursing matters directly affecting the Canadian sisters. The honour, zeal and dignity of Canadian women could not have been placed in better hands. To Miss Pope's example and insistence upon the highest nursing ideals, with correctness of demeanour at all times, is due the favourable impression of her valuable services in South Africa. Miss Pope was awarded the Royal Red Cross. After return to Canada, the aforementioned ladies were placed on the reserve list of the active militia. Upon the formation of the Permanent Army Medical Corps Nursing Service in 1906, Miss Pope was at once appointed Nursing Sister, with the relative rank of Lieutenant, and, subsequently, promoted Matron, with the relative rank of Captain. A month or two following, Miss Macdonald's appointment was gazetted. Thus, for the first time in the history of the world, were women granted recognition in the form of army rank. The credit for this step was entirely due to the initiative and farseeing policy of the then Director-of-Medical-Service, Surgeon General Guy Carleton Jones, C.B., C.M.G., etc. Succeeding years have amply justified the lead established by Surgeon-General Jones. Australia followed suit after the outbreak of the great war, and since its close American nurses have been granted full army rank.

When the war broke out in 1914, one of the earliest and keenest volunteers was Matron Pope, but it was not until August 13th, 1917, her services could be spared from the Military Hospital, Halifax. After arrival in England, Matron Pope was attached to Nos. 15 and 16, Canadian General Hospitals, respectively, later taking over the duties of Matron at No. 2 Canadian Stationary Hospital, Outreau, Boulogne. The strenuous work, combined with the strain of frequent air-raids, served to shake Matron Pope's health, necessitating invaliding to Canada on November 26th, 1918. After due convalescence, Matron Pope retired on pension, the Army Nursing Service thereby losing one of its most zealous members.

In the meantime, Nursing Sister Macdonald had, in 1914, been called to Militia Headquarters, promoted to a matronship and instructed to select from thousands of volunteers one hundred nurses suitable for service in the war zone. Miss Macdonald had, in 1911, been in England, making a special study of the organization, mobilization and administration of the various Imperial Army Nursing Services. She accompanied the first hundred odd nurses overseas in September, 1914, and, in November, 1914, was appointed Matron-in-Chief. An office under the Director-General of Medical Services (Canadian) was opened in London; from here, throughout the war, Miss Macdonald administered the C.A.M.C. Nursing Service, her duties including periodical visits to all Canadian Army Hospital Units staffed by C. A. M. C. nurses.

The following casualties occurred in the C.A.M.C. Nursing Service: Died Overseas, 18; killed in enemy action, 4; died of wounds, 2; drowned as result of enemy action at sea, 15. Total, 39. Seven nurses died on home service, making a grand total of 46.

DECORATIONS:—Six hundred and thirty-four decorations or citations were conferred upon the members of the Canadian Nursing Service during the war. They are grouped as follows:—

British—Victoria Medal, 4th Class, 1; Commander of the British Empire, 1; Officer of the British Empire, 1; Military Medal, 8; Bar to the Royal Red Cross, 4; Member of the Royal Red Cross, 65; Associate Royal Red Cross, 251; Promoted from 2nd to 1st Class, R.R.C., 17.

Conferred by French President: Medaille d'Honneur "En Argent," 1; Medaille des Epidémics "En Vermail," 2; Medaille des Epidémics "En Argent," 31.

Belgian: Conferred by H. M. Queen of the Belgians—Medaille de la Reine Elisabeth.

Mention (British): Mention in Despatches, B.E.F., 126; mention in despatches, British Forces in Egypt, 3; mention in despatches, British Salonika Army, 29; mention in "The Times" press communique for valuable services in connection with the war, 91.

In addition to those in the Canadian Nursing Service under the C.A.M.C., 314 Canadian nurses went Overseas (at the request of the War Office) to join the Queen Alexandra Imperial Military Nursing Service Reserve. Of these, 134 subsequently transferred to the C.A.M.C. Also there were, with the Harvard and several other American Units sent over before the entrance of the Americans into the war, a large percentage of Canadians. Many Canadians served, too, under irregular British, French and Belgian units, so that the number of Canadian army nurses had totalled considerably higher than the C A M C. lists. (Statement received from Miss Macdonald).

Slide 234. Matron Georgina Fane Pope, R.R.C. In charge of the Nursing Service in South Africa during the Boer War and served during the World War at Halifax, N.S., and at Nos. 15 and 16 Canadian General and at No. 2 Canadian Stationary Hospital. For biography, see above under "Remarks."

Slide 235. Matron-in-Chief Margaret Clotilde Macdonald, R.R.C., L.L.D. Born in Pictou, N.S.; received nursing education in New York City Hospital, and immediately thereafter accepted a post at Montauk, N.Y., during the Spanish-American war, and was then sent to South Africa with the Second Canadian Contingent. In 1905 was selected by the U. S. Government Department of Health to nurse the Panama Canal Zone. On her return to Canada was appointed to the newly organized nursing service of the Permanent Canadian Army Medical Corps, and served here until the outbreak of the Great War. Studied the organization of the British Nursing Service in 1911 for six months. In August, 1914, was immediately summoned to Ottawa to organize the Nursing Service on a war basis, and rendered valuable service in this connection during the first rush at Valcartier. Sailed at the head of one hundred nurses with the First Canadian Contingent; on arrival at London, became, with them, the guest of St. Thomas Hospital during their stay there. Appointed Matron-in-Chief of the Overseas Nursing Service of the Canadian Expeditionary Force in November, 1914. Took up office at Military Headquarters, London, and remained there as Matron-in-Chief for the duration of the war, being the only person in the C.A.M.C. who retained the same appointment throughout. Under her administration 2,500 Canadian nurses were distributed in hospitals in England, France, Belgium, Greece, Egypt and Russia, during the next five years. In the conduct and discharge of the many duties of her responsible post, Matron-in-Chief Macdonald showed a degree of organizing skill and executive ability, a power of meeting emergenices and a keen judgment of character, combined with qualities of justice and kindness of heart that made her an invaluable element in the personnel of Canadian Headquarters. It was by reason of her exceptional ability as an organizer, coupled with the executive ability she possessed for carrying out plans, as she visioned them for the betterment of the whole, and by dint of her keen determination to overcome every obstacle—and at times there were many—that the Nursing Service was administered so successfully. "Her keen intellect, good judgment and, above all, her straightforward, honest way of looking at things, without prejudice, as well as her broad sympathy, appealed to everyone. Because of these qualities, every nursing sister felt that she had a personal friend at court who would plead her cause, and one whom she could at all times approach with the full assurance that she would receive the necessary help or advice sought." Returned to London in December, 1919, and was retained on the Permanent Force at Ottawa as Matron-in-Chief of the Canadian Nursing Service, to whom was also intrusted the writing of the history of this important branch of the C.A.M.C. during the Great War. In 1915 she received the decoration of the Royal Red Cross, First Class, and in June, 1920, she was awarded, at Geneva, the Florence Nightingale Medal, which is recognized as the highest honour within the nursing profession. In recognition of her distinguished service to her country, the Degree of L.L.D., Honoris Causa, was conferred upon her by St. Francois Xavier University, Antigonish, N.S., in June, 1920, as a member of the Nova Scotia Historical Society, and an Honorary Life-Member of the Imperial Order of the Daughters of the Empire.

Slide 236. Matron-in-Chief Edith Catherine Rayside, R.R.C. Born at Martintown, Ontario; received education at Queen's University, Kingston; nurse training at St. Luke's Hospital, Ottawa. Selected for Overseas service January, 1915, and immediately promoted to the appointment of Matron on proceeding overseas, February, 1915. Served as Matron, No. 2 Canadian General Hospital, Le Treport, France, and Moore Barrack's Hospital, Shorncliffe, England. Subsequently attached to office of Director of Medical Services, London, for instructional purposes. Distinguished Service—mentioned in despatches of Commander-in-Chief Field Marshal Lord Haig, January, 1916. Awarded the Royal Red Cross, First Class, January, 1917. When it became imperative that a Matron-in-Chief be in attendance at Militia Headquarters, Ottawa, Matron Rayside was recalled to Canada to fill the appointment, 14-8-17. On return to Canada she was promoted to Matron-in-Chief, serving at Militia Headquarters until 22-6-20. Matron-in-Chief Rayside ad-

ministered her onerous duties with marked zeal and enthusiasm; unsparing and unselfish to the highest degree, the successful co-ordination of the Home and Overseas Nursing Service is due. The President and Faculty of the University of Toronto, being fully cognizant of Matron-in-Chief Rayside's ability, and wishing to show their appreciation, both of this and also of the work done by the Nursing Service in general in the war, bestowed upon her the honorary degree of Mistress of Household Science at a special Military Convocation on November 11th, 1919, this degree being specially created for this occasion. Upon demobilization, 22-6-20, Matron-in-Chief Rayside attended the Summer School of Nursing, Columbia University, New York City. She at present occupies the responsible post of Instructress at the Montreal General Hospital Training School. A woman of such high moral principle cannot fail to inspire the disciples of Florence Nightingale.

Slide 237. Matron Ethel Blanche Ridley, C.B., M.R.R.C. Born at Belleville, Ontario. Trained at New York City Hospital. Volunteered immediately upon the outbreak of the Great War. By virtue of long experience as Superintendent of Nurse Training Schools in the United States and the Phillipines, was selected as Matron for No. 2 Canadian General. Mobilized at Quebec, and proceeded overseas with the First Contingent. Early in November, 1914, went to France as Matron of No. 2 Canadian Stationary, the first Canadian hospital on French soil. This unit was established at the famous Golf Club Hotel, Le Toquet. In January, 1918, Matron Ridley was selected to be Principal Matron, Canadian Nursing Service for France. Her office was with the British Medical Headquarters, Lines of Communication, Abbeville and Sur Somme. Owing to frequent bombing, these offices were subsequently removed to Boulogne, where, as it happened, they really came more directly in the line of enemy visits. In January, 1916, she was awarded the R.R.C., First Class. In recognition of further efficient and devoted service, she had conferred upon her (January, 1919) the Order of the British Empire. Matron Ridley has the distinction of being the only Canadian who holds the Degree of Commander in this Order. She is entitled to the letters "C.B.E." after her name. Matron Ridley was demobilized in England on 28-7-19, and is at present in Shropshire, engaged in the occupation of Welsh pony farming.

(To be Continued)

The Role of the Nurse in a Campaign Against Venereal Disease

I have been asked to prepare a paper dealing with the subject of venereal disease, with special reference to the question of the teaching necessary to prepare nurses for this branch of nursing. I do not feel entirely qualified to deal with the question as to how this subject shall be taught in training schools, since my experience in nursing affairs has been almost entirely along public health lines. I shall, therefore, limit myself in this paper to, (1) stating the venereal disease problem and the methods being used at present to deal with it; (2) pointing out the part of the nurse in this field; (3) indicating, as I see it, the kind of education necessary to fit her to do this work.

There are no reliable statistics regarding the incidence of venereal disease in any country. This is due to the fact that the stigma attached to these diseases in the public mind makes its difficult and often impracticable for public health authorities to require general notification and registration of gonorrhoea and syphilis.

The first statistics of this kind that might be considered at all reliable were those obtained from the examination of army recruits. A routine examination of the men of a Canadian regiment of army draftees in the spring of 1918 showed a percentage of 5.7 men infected with syphilis (as indicated by a positive Wassermann reaction) after all the obvious cases of syphilis had been excluded. The findings among the American troops were about the same. In 1916 a routine blood test, done on about 1,000 patients admitted (for all causes) to the Toronto General Hospital, showed the incidence of syphilis to be 12.8%. It is estimated that about 8% of our Canadian population has been infected with syphilis and from four to five times as many with gonorrhoea. The rate for the U. S. A. is believed to be about the same. The British Royal Commission estimated that 10% of persons dwelling in cities in the United Kingdom have been infected with syphilis, either congenital or acquired. The percentage of those infected with gonorrhoea being much higher.

These diseases are not confined to persons in any one class of society. The British Royal Commission found them to be more prevalent in the upper and lower classes. This would be true likely of our own country.

Owing to the present lack of knowledge concerning these diseases and their results, many deaths are recorded as due to other causes, which are really due to syphilis and gonorrhoea. Sir William Osler has said, "of the killing diseases, syphilis comes third or fourth." Locomotor ataxia and G.P.I. (general paralysis of the insane), which are now known to be due only to syphilis, take their toll each year. Paralysis in the young and some diseases of the heart and blood vessels are now known definitely to be due to syphilis. Syphilis, also, is responsible for a large number of miscarriages and stillbirths, the spirochaete being actually transmitted to the foetus "in utero." This is the only disease which is capable of transmission from parent to child. Gonorrhoea is responsible for 80% of the blindness in new born babies, is the cause of the largest number of operations on the generative organs in women, and the greatest cause of sterility in both men and women. The economic results of untreated syphilis and gonorrhoea are buried in the records of charitable organizations, alms houses and insane asylums. Enough, however, is already known to state definitely that venereal disease, and especially syphilis, is one of the first causes of dependency.

It is not within the scope of this paper to enter into a discussion of the causes of venereal disease. The causes, however, lie much deeper than the gonococcus or the spirochaete pallida and are intimately bound up with our social and economic life. Prostitution, which is the first and most important factor in the dissemination of the venereal diseases, is also to some extent a product of our civilization. Lack of education

in the young, lack of parental control and religious influences, poverty, bad housing, overwork, lack of recreation, mental deficiency, are all factors in bringing about conditions which lead to infection from venereal disease.

Before the war, in Canada and the U. S. A., the question of the control of syphilis and gonorrhoea had received little general public attention. In Great Britain reports from various social and medical organizations concerning the prevalence of venereal disease and its disastrous effects upon the population of the United Kingdom led the British Government to appoint, in 1913, a Royal Commission to inquire into and report upon this question.

In Canada the prevalence of venereal disease, as revealed through the examination of army recruits, was a startling surprise to our people. The findings of a voluntary committee formed in connection with Military District No. 2 in Toronto and the Committee of Sixteen in Montreal, were such as to convince the Government of the need for investigation, and in 1917 a commission was appointed, with Mr. Justice Hodgins as chairman. As a result of the report of this commission, a number of the Provinces, followed the example of Australia and New Zealand, passed legislation respecting venereal disease. Saskatchewan, 1918; Ontario, 1918; Nova Scotia, 1918; British Columbia, 1919. The same year the National Committee for Combating Venereal Diseases was formed. This was a voluntary organization, recognized and partially supported by the Government, which had as its chief aims:

1. The education of the public regarding these diseases.
2. The giving of assistance to the Government in the campaign against them.

When the war was over and the soldiers were about to return home, there was great fear on the part of some people that their return would result in a wide-spread infection from venereal disease. It was soon found, however, and quite easily proved by statistics, that this was not true and that, because of the means taken to protect the soldiers from the dangers of infection as far as venereal disease was concerned, it was safer for a man to be in the army than in civilian life.

One of the truths brought home to our people during the war and which was not forgotten when the war ended, was this—that venereal disease was a national menace and that it was a national concern to see that persons infected with it received proper and adequate treatment. To have gonorrhoea and syphilis ceased to be the concern of the individual alone. Public opinion demanded that he receive treatment until no longer a source of danger to others. It was this new attitude on the part of the public which made possible the enforcement of the legislation in regard to venereal disease, and also made it possible to secure, in 1919, from the Federal Government, a grant of $200,000 to carry on a campaign against venereal disease throughout the Dominion.

This sum was divided among the provinces according to population, and granted on condition that the Province furnish an equal amount. The money was to be used to establish free diagnostic and treatment centres, for the treatment of infected persons in penal instiutions, education, and propaganda, and in Ontario for the manufacture of arsenical preparations. The Provinces, with the exception of Prince Edward Island, have all now accepted their grants and work with these diseases is being carried on to more or less extent in all of them. In most of the Provinces the treatment centres are established in connection with hospitals, the Government paying a certain sum towards maintenance. In Ontario, which is the only Province concerning which I have complete information, clinics for the treatment of venereal disease have been established in seven cities—Toronto, Hamilton, London, Brantford, Windsor and Owen Sound, in all eleven clinics. From July 1st, 1920, when the first clinic was opened, until April 1st, 1921, 21,984 treatments, in all, were given. In addition to this the Ontario Provincial Government has made a survey of the penal institutions with a view to determining the number of inmates infected with venereal disease and has instituted treatment for those found to be diseased. A good deal of educational work has been carried on, both with the general public, the medical profession and public health authorities, in order to stimulate their interest in this question. The Canadian Government plan for fighting venereal disease is much the same as that of the governments of the U. S. A. and Great Britain, with this difference, perhaps, that Great Britain is less willing to adopt compulsory methods in handling this problem. In addition to the work done by the governments, the Canadian National Committee for Combating Venereal Disease in Great Britain, and the American Social Hygiene Association in the U. S. A., have given valuable aid in this campaign. In Canada, Provincial Branches of the National Council for Combating Venereal Diseases have been formed in all of the Provinces and local branches in most of the larger cities. Their activities are mostly carried on along educational lines, and their greatest value lies in the fact that they are able to undertake special pieces of work which governmental bodies are prohibited from doing.

With the establishment of clinics for the treatment of venereal diseases, there has arisen a demand for nurses to do social service work in connection with them. One of the requirements of the Provincial Board of Health of Ontario for standard venereal disease clinics is that there shall be a full time social service worker who is a nurse. The duties of the nurse in connection with these clinics are outlined as follows:—

1. To be present during clinic hours to assist in the admitting, interviewing and history-taking of new cases, or in fact to do anything which will contribute to the smooth-running and effi-

ciency of the clinic.

2. The keeping of social service records.

3. To visit the patients in their homes to insure regular attendance for treatment and to insure that instructions regarding treatment to be carried out at home and conduct to be observed are faithfully carried out, and to locate and bring in for diagnosis and treatment, where necessary, the contacts of infected individuals.

4. To do the social service work of rehabilitation in connection with patients attending the clinic.

The value of a social service work in connection with clinics of this kind is recognized in this country and in the U. S. A. At the All-American Conference on Venereal Disease, held in Washington, December, 1920, the conference passed the following resolution: "The All-American Conference recognizes the basic principle of medical social service and endorses it as essential to the efficient organization of a venereal disease clinic."

In England the social service worker has not yet been given a place in this work, many of the clinicians still believing that this is purely a medical problem.

In Ontario the value of the nurse social worker, in this connection, is not longer a matter of debate. She has already proven her worth.

The special value of the social service nurse in these clinics would then appear to be, first, to the patient, because of the long, drawn-out and often painful treatment necessary for patients infected with venereal diseases. It is necessary that they be constantly encouraged and stimulated in order to induce them to continue treatment until cured. The nurse is the best person to do this. Second, to the clinic. The presence of the social service nurse in these clinics not only increases the efficiency of the clinic, but broadens its scope and is a factor in elevating the clinic atmosphere. Third, to the community. A nurse working in these clinics has an opportunity to gain an intimate knowledge of the causes underlying and contributing to the whole problem. If she is intelligent and constructive in her ideas, she may in turn interpret and pass on her observations and deductions to those in the community who are engaged in the work of moral and social reform.

This is a new occupational field which will likely absorb a good number of our nurses, largely those engaged in public health work. The problem, however, is bigger than that, and big enough to need the aid of all nurses, no matter in which field of nursing they may find themselves.

Let us state the problem once more:—We have here in Canada this year, it is estimated, about 480,000 persons, drawn from all classes of society, infected with syphilis, and several times that many suffering from gonorrhoea. As a direct result, we have death, suffering and de-

pendency, and, what is more important, a direct menace to the race itself. Many cases of this disease are as yet undiagnosed and untreated. One of the first needs, then, would seem to be education—education of the public in regard to the nature of these diseases and their disastrous effects, both upon the present and future citizens of our country.

The nurse should have her part in this campaign of education. If she is to educate, she must herself be informed. In the past this subject has received little attention in our training schools and hardly more in our medical schools. This has been true in the training schools, at least, partly because there was no special need felt for this kind of instruction, and partly perhaps because superintendents and nurses were willing to avoid a disagreeable subject. That day is, however, past. With the new knowledge concerning these diseases and their importance to our national health, when our public moneys are being spent in the control of them, nurses can no longer remain ignorant or indifferent toward this matter, but must be trained and prepared to take their part in this campaign against it.

The first point about which nurses should have very definite and complete knowledge is the medical side of the question. There is a great deal of ignorance concerning the nature of these diseases and their method of transmission, possibility of cure, etc., and a nurse should be very clear herself upon these points, if she is going to explain them to others. A nurse who will approach this problem sympathetically and handle it with understanding and efficiency, must also have some knowledge of the social, economic and psychological factors in the venereal disease question. In order to deal with this problem intelligently and efficiently, she must also be thoroughly informed as to the resources available in her community, both official and volunteer, for carrying on this campaign.

The Committee on Nurse Education of the Ontario Council for Combating Venereal Disease, of which Miss Gunn is convener, has recently prepared a pamphlet containing a course of instruction on venereal disease for nurses, which, it is suggested, might be used as a guide in teaching this subject in training schools. The course includes six lectures, four on the medical aspect of the subject, and two on the social, economic and legislative aspects.

In teaching this subject in training schools, I believe it would be advisable, where possible, to employ a woman physician. There is still a certain amount of reticence and shyness on the part of nurses toward this subject, and with a woman physician they would be more likely to ask questions.

In conclusion, I wish to make an appeal to you as a body of nurses for your understanding, sympathy, and co-operation in working out this most difficult and important problem. It is a problem which

necessarily means the discovering and dealing with many of the sordid and ugly facts in life, but it is one, also, in which is involved a great deal of human suffering, and as such I do not believe nurses can withhold their support, if they would be true to their calling.

FRANCES E. BROWN,
Supervisor of Venereal Disease Nursing, Department of Public Health, City Hall, Toronto.

Read at Convention, Quebec, 1921.

Examinations for Hospital and Visiting Nurses in Belgium

(By Cecile Mechelynck, Directrice Generale de l'Association des Infirmieres de Belgique. Translated by the League of Red Cross Societies.)

All those interested in the question of nursing in Belgium hailed with acclamation the Royal Decree of September 3rd, 1921, which regulates the training of hospital and visiting nurses. Two state nursing examinations had been in force for some time but were not satisfactory, and in many of the better schools they were not taken.

The first of these examinations, for which a certificate was awarded required merely theoretical knowledge, and the second, for which a diploma was given, was held after two years' practical work. As, however, nurses were permitted to practice after the first examination, confusion resulted, the public being unable to differentiate between the two grades of nurses.

The Royal Decree regulates the course of study required for both hospital and visiting nurses, as follows:

No pupil is accepted for examination unless she has, as resident nurse in a nurses' training school, followed the theoretical instruction and demonstrations to be given, with the exception of classes in domestic economy, pedagogy and sociology, by doctors of medicine.

Three years of study are obligatory for all pupils. Two years of the course are identical for both hospital and visiting nurses, general nursing training being given for that period, but the third year the student specializes in the branch selected, either hospital or visiting nursing.

After the first probation year, *hospital nurses* must have at least two years' study in medical and surgical clinical work, contagious and special diseases, whilst *visiting nurses*, after the first year, must take:

(1) One year medical and surgical clinical work, contagious and special diseases.

(2) Four months' children's medical and surgical clinical work, maternity, infant welfare clinic, creche and maternal dispensary work, and work in debilitated children's colonies.

(3) Two months' tuberculosis work in clinics, dispensaries and sanatoria.

(4) One month's work in clinic for skin and venereal diseases.

(5) One month's medical school work.

(6) One month's medical and surgical out-patient work.

At the end of the third year the nurse can present herself for examination before the provincial medical commission, which is under State control.

After passing the examination she will receive, besides her diploma, a badge and identity book. The transitory period, before the law comes into complete force, extends until October 1st, 1921; the first examination is dispensed with, and no new student will be permitted to terminate her studies without being registered at a recognized training school. Those who have already commenced their studies will be permitted to continue them where started. From now onwards all prospective nurses will have to take a three years' course in a training school approved by the provincial medical commission. It is hoped shortly to have state registration of trained nurses with penalties for illegal practice similar to those pertaining to doctors and midwives.

A WORD FOR THE WEEK.

"May we hope that when we are dead and gone, leaders will arise who have personally experienced in the hard, practical work the difficulties and the joys of organizing nursing reforms, and who will lead far beyond anything we have done."—*Florence Nightingale.*

'Tis not far to Jesus
No, 'tis very near
He is all around us
He is with us here.
If we want to love Him
Let us go and pray;
Then our hearts can find Him,
Now, this very day.

Editorial

It was with regret that several months ago the Editor of this magazine was obliged to omit printing chapters on Nursing History as written by Dr. Maude Abbott. Owing to unavoidable circumstances, the author was unable then to finish the work. Now we are glad to report that the remainder of the copy is in the hands of the printers, and in this issue we again take up this interesting contribution. Through this and the following chapters we can see the army nurses and the work of nurses generally through that terrible time of war, and this book will preserve to us the history of the part Canadian women played in that great conflict. With much work and time spent on it, Dr. Abbott has also written up the nursing of the British army sisters, the American army nurses, and other interesting chapters, bringing the book up-to-date in every particular.

Superintendents may wish to know that they can get the slides or an assortment of them for use in their class-rooms from Dr. Maude Abbott, Museum, McGill University, Montreal, or obtain the book for use in teaching the history of nursing.

* * * *

The dates of the American Nurses' Association are June 26th--July 1st, 1922, in Seattle, Wash. As our own national associations meet in Edmonton this summer, it would seem as if the eastern nurses would have a splendid opportunity of spending their holidays on the Pacific Coast, where the nights are always cool and the days not too hot, and take in all of these meetings. The dates of our conventions will be announced soon, when plans may be made for attendance.

* * * *

The following from the American Journal of Nursing is inserted in the hope that our subscribers may "read, mark, learn, and inwardly digest." Misery, loving company, the editor felt relieved that this little matter of "Wanderers" that make the difficulties of the office so much more trying, was not alone her's, but was shared by the organ of the A.N.A. as well. Please take the advice given so kindly by our sister journal and help yourselves by helping us to keep in touch with your migrations:—

WANDERERS AND—CARELESS WANDERERS

"During December 352 subscribers notified the Journal of changed addresses. During the same month about 100 "stock" cards came back from the Post Office giving changes of address or frequently stating that the Journal was undeliverable. Sixty Journals were returned marked "Not at ——," "Unclaimed," or "Moved—Left no address."

Some of the subscribers for whom these Journals were intended are doubtless indifferent to the date on which the magazine arrives, but we know, from experience, that others will be disappointed because the Journal failed to arrive on time. Occasionally a subscriber fails to receive her copy for several months before notifying us and then, when her letter does come, it is prone to have quite an "edge" to it. A few of these failures to carry through are unexplainable, sometimes (we confess it!) the fault is ours, but usually we have on record a communication similar to one of those enumerated above.

Sixty Journals returned means sixty copies wasted, because, having been handled an unusual number of times, they have an appearance similar to that cartoonists are just now so fond of giving to their interpretations of the condition of this war-torn and "peace-torn" old world! The cost of sixty or more Journals even with cost of postage going and returning, seems a small item when compared with the thousands of Journals sent out each month. It is a small item, but our economies are practised in your interest and as the thrifty Scotch know so well, "Many a mickle makes a muckle." In this instance the saving in the course of a year would pay for some illustrations, and every Journal reader, we are sure, is looking forward to the time when we can use such material.

The disappointment of nurses who fail to receive their copies on time is a matter of real concern to all in the Journal office. It is our very great pleasure to serve you. Addresses must and will be changed, but we believe we could give better service if necessary information were sent in more promptly. This information should in every instance, include the old address as well as the new. Failure to do this causes much unnecessary work. It also causes some amusing but exasperating mistakes such as arise when there are a number of subscribers of the same name. The writer speaks feelingly on this point, as she has five professional sisters, some of whose names differ from hers only in the middle initial."

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Owing to private reasons which rendered it impossible to send the copy for the two departments, "News from the Medical World" and "The World's Pulse," Miss Scovil's contributions, which are so much appreciated, will be missing from this and possibly the following issue of the magazine. The Editor again wishes to thank Miss Scovil for her helpfulness in sending the material for us and for the promptness with which it arrives each month.

* * * *

The Canadian Red Cross Society Magazine is the latest of the new Canadian magazines to make its appearance. As it is to be sent to all members of the Red Cross, the circulation is guaranteed. We wish all sorts of success to the new venture.

Public Health Nursing Department

OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.
Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Margaret McKenzie,
Department of Public Health,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec
Miss Sarah Fraser,
110 Crescent Street,
Montreal.

Ontario
Miss Muriel Mackay,
190 University Avenue,
Toronto.

Manitoba
Miss Elizabeth Jeffers,
Suite 11A, Justin Apts.,
Fleet and Doley Streets,
Winnipeg, Man.

Saskatchewan
Miss Nora Armstrong,
City Health Department,
Regina, Sask.

Alberta
Miss Elizabeth Clark,
Prov. Public Health Dept.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West,
Vancouver, B.C

The following table has been compiled by a committee of the Public Health Section of the Canadian National Association of Trained Nurses from reports submitted by the members of the provincial associations. The figures are approximate, only, but it is hoped that a corrected statement will be possible in time for the annual convention in Edmonton. The population figures also are estimated, as the final returns from the Dominion census are not available.

Nurses who assist the provincial representatives in the survey which they are now undertaking should remember to include nurse superintendents or directors of public health organizations in the totals submitted, and should keep in mind the broad interpretation of "public health nursing" which has been adopted by the Canadian National Association of Trained Nurses. According to that interpretation, a nurse is engaged in public health work if her primary purpose is to teach families to do the healthy thing—whether her approach to the home has been through bedside nursing, the giving of material relief, or a follow-up visit to a school child, or factory employee.

The title "public health nurse" is used in a more restricted sense in many communities, being limited frequently to those nurses identified

with departments of public health. The Canadian National Association of Trained Nurses uses the term in a professional sense, emphasizing the essential unity of the various groups rather than the obvious differences.

M. MACKAY,
Secretary, Public Health Section, C.N.A.T.N.

Provinces, with estimated Population		Depts. of Public Health	Depts. of Education	Dept. of Soldiers' Civil Re-establishment	Victorian Order of Nurses	Other Private Agencies	TOTALS
Prince Edward Island	88,536	—	—	—	—	2	2
Nova Scotia ..	524,579	14	8	3	24	14	63
New Brunswick ..	388,092	2	1	2	10	11	26
Quebec	2,349,067	44	—	3	55	58	160
Ontario	2,929,054	168	99	23	99	75	464
Manitoba	613,008	70	14	4	21	20	129
Saskatchewan ..	745,010	21	18	3	5	10	57
Alberta	581,995	21	—	2	9	5	37
British Columbia ..	490,600	4	17	2	19	17	59
Yukon	4,162	—	—	—	—	—	—
Total ..	8,714,103	344	157	42	242	212	997

Prince Edward Island Division of the Canadian Red Cross engaged the services in January, 1921, of Miss A. E. MacMahon, as a public health nurse. She has had as her assistant for part of the time Misses W. G. MacLeod and Mary Hazard. During exhibition week a child welfare and public health booth was held under the supervision of these nurses, with the help of medical men and dentists. At the Red Cross Centre, in Charlottetown, a clinic for mothers and babies has been held one each week, and are well attended. All the schools in Charlottetown but one have been visited by the nurses, and, with this exception, inspections have been carried on in altogether nineteen schools in and outside the city, with the help and co-operation of the medical men; 2,054 children have been examined and 4,455 defects found. The office in the Market Building, Charlottetown, has been provided at the expense of the Provincial Government.

How to Reach Indifferent Mothers

CLAIRE CAMPEAU, R.N.

We, as school nurses, are aware of the difficulty often experienced in reaching the mothers of our school pupils. Our visits frequently find them so busy with household duties that we feel ourselves encroachers upon their time. Often, indeed, we find them away and our visit fruitless. In view of this condition the following example may prove valuable as illustrating one way in which the necessary point of contact may be obtained.

One of our large department stores in Windsor conducted "Baby Week" recently, and I was asked to take charge of it. I accepted, subject to permission from the school board, which was granted, as the members favoured any educational plan for the good of the community.

The programme for the week was weighing babies and registering their birth. This lasted from 10 a.m. to 5 p.m., while at three o'clock each afternoon there was a different doctor—six of the most prominent physicians having volunteered their service to lecture to the mothers on pre-natal care, proper nourishment for the baby, and general welfare. The doctors gave splendid, practical addresses, and all seemed very glad to have a chance like this to talk to the gatherings of interested mothers who attended "Baby Week."

It was my good fortune to have on hand a number of educational health posters, which were prominently displayed for the benefit of the public. Before the week was over, I had gathered up a souvenir collection of discarded "comforts or pacifiers," which were roundly condemned by the physicians at the daily lectures.

We explained to each mother why the use of these "comforts" was objectionable. Most of the mothers said they resorted to the pacifiers to "keep baby quiet," and told "it was a case of anything so I can get through with my work."

Our explanations and our advice to discard the comforts were usually accepted, as about nine out of ten women left the "all-day suckers" in a special box I had provided for that purpose—and those who did not do so at the time generally returned after the doctor's lecture, saying "never again."

There occurred one rather remarkable conversation during the week. I had previously sent many notices to her home concerning her little daughter's enlarged tonsils and decayed teeth, but she paid little or no attention until this particular "Baby Week." She came to me and said, "I want to see you—what day will you be at our school?" I told her on Monday, and sure enough she was there. Immediately she

consulted a physician, who found the child's tonsils in a diseased condition, so she made arrangements to have them removed on the following Wednesday. It is scarcely likely that in any other way I could have made her decide to call at the school or see a doctor. As for finding her at home, I had called at her house no fewer than ten times during the past year, but never could find her in. Her child is spending this year in the same class, although the teacher and myself found her to be a bright pupil, only she was unable to attend school regularly, and when at school could not learn as she should.

I can count no less than one hundred mothers whom I interviewed during "Baby Week" on whom I had called in their homes without success, and I feel that we have accomplished good in other ways, as many mothers wanted to know where they could find the baby clinic conducted by the Board of Health each week. There we sent one hundred mothers who will reap the benefit of instruction and education in child-welfare. We also distributed free copies of baby books supplied by the Provincial Board of Health, and gave helpful suggestions in an individual way.

We owe many thanks to the department store for giving us the space, putting on this event, offering prizes, arranging with physicians to give free lectures, and creating such wide-spread interest. Such work will surely prove of benefit to the community.

Miss Alice Fitzgerald has just notified the executive officer of the Massachusetts-Halifax Health Commission that she is coming to study health centre work in Halifax, and the School of Public Health Nursing at Dalhousie University, preliminary to sailing for the Phillipine Islands, where she will establish a large school of public health nursing and organize nursing on a hitherto unsurpassed scale, under the general direction of Victor G. Heiser, of the Rockefeller Foundation.

Miss Fitzgerald is one of the world's widest known nurses, having served in executive capacity in many places. She is perhaps best known as Edith Cavell Memorial Nurse during the recent Great War; as the organizer of the course in public health nursing, Kings College, London; and as director of nursing for the League of Red Cross Societies, with headquarters in Geneva. Miss Fitzgerald will arrive in Halifax on February 9th. Letters have gone to her, asking that she give a public address, telling local citizens something of her experience in her various unique and unusual positions during the last few years.

The public health nurses of the Manitoba Provincial Board of Health met in Winnipeg from December 12th to December 23rd, for their annual course of lectures, conferences and clinics.

Under the auspices of the University of Manitoba the following lectures were provided:

10:30 a.m. to 11:30 a.m., Monday to Friday each week—Ten studies in Educational Psychology, conducted by W. A. McIntyre, B.A., L.L.D., Principal Provincial Normal School; C. K. Newcombe, A., Principal Winnipeg Collegiate Institute, and Professor R. C. Lodge, Department of Philosophy, University of Manitoba.

11:30 a.m. to 12:30 p.m., Monday to Friday each week—Night Lectures on Social Psychology, given by Professor W. C. Smith, B.A., Ph. D., of Wesley College, and two lectures on Family Case work, by Mr. C. B. Clarke, of the Social Welfare Commission.

2 p.m. to 4 p.m., Monday to Friday each week—Ten Classes in Voice Production, Public Speaking and Oral Interpretation, conducted by Miss Edna Sutherland, of the faculty of Manitoba College.

Lectures relating to practical public health work were also given. These included "Newest Methods in Infant Feeding," "Pediatrics," "Tuberculosis," "Epidemics and their Source."

Several round-table discussions were held on problems and difficulties arising in rural and town communities in connection with public health work.

By means of this convention, the nurses, the majority of whom are stationed in the rural parts of the province, are able to meet and discuss the many problems which arise during the year. At the end, everyone goes back to work with a clearer vision of the work to be done, and of the best way in which it may be accomplished.

During the session a reception was given for the rural nurses, by the nurses of the staff stationed in suburban districts of Winnipeg, and just before the completion of the course a dinner was given with Miss Russell and Miss Wells as the guests of the evening, when the opportunity was taken of expressing the very deep appreciation felt by all the nurses towards those in charge of the nursing department.

A tribute was also paid to the group of public service nurses. These nurses are filling a very definite and long-felt want for nursing service in isolated, and in most cases, unorganized territory, where there is little or no other medical aid available.

The evening closed with "Auld Lang Syne."

We all returned to our respective districts, feeling that it would undoubtedly be a Happy New Year for all.

E. J. WILSON,
Public Health Representative for the M.A.G.N.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

Survey of Dietetic Courses and Diet Kitchen Routine for Nurses as given in some of the larger hosiptals, with suggested outlined plan for the smaller hospitals.

As a brief introductory, a few words may be said of the subject of "Dietetics as a Scientific Study":

The Science of Dietetics is very little understood, although it is one of the most comprehensive studies of all ages, as it is the regulation and knowledge of the proper nutritive elements of food to build the ever-wasting atoms of the body. It means a knowledge of herbs and fruits and balms and spices, all that is healing and sweet in the fields and woods; and savory in meats. It means carefulness, inventiveness, willingness, and the readiness of appliances. It means testing and no wasting; it means the economy of our grandmothers and the science of the modern chemists; it means English thoroughness and French art.

Dietetics as a study and an art is becoming more world-wide daily, as physicians, nurses, and the general public, are beginning to realize its great importance in connection with the care of the masses in sickness and in health. In illness, when the cause has been removed, it is a "cure for disease," and in health "an ounce of prevention." Improper nourishment leads to stunted physical, mental and moral development, and many mental cases can be traced directly to improper food, or to starvation from lack of certain food stuffs; almost all intestinal disorder comes from improper food.

To say that Dietetics is but little understood, one has but to hear remarks as, "Dietetics, oh, yes, some new fangled thing; it will soon die out." Whereas, in reality, it is as old as the universe, for it is the route by which man has lived, moved and had his being since the world began. A Dietetic graduate of one of our colleges had left her village home to take the Pupil Dietitians' Course in one of the city hospitals, and a well-meaning old lady of the village, when in the city later, called at the hospital, asking for her by her Christian name, was surprised that the head nurse on the floor did not know her and said, "Why, she is one of the new cooks here."

Because Dietetics is so important and so little understood is one of the great reasons that dietitians should organize and thus enlarge their field of labor and influence, and it is the desire of all interested that the time will soon come when more prominence will be given to the subject, which is the oldest, most important, most neglected and least

understood of any that have a direct bearing upon the welfare of mankind.

In an effort to make a survey of the Dietetic courses as used in the various hospitals throughout Canada and prepare a curriculum that would be practicable to adopt for use in the medium or smaller hospitals, circular letters were sent out to twenty-three of the representative hospitals in the Dominion, asking for an outline of the course of study in Dietetics, both in theory and practical work.

As a result, eleven letters were received; two of these were from smaller hospitals, stating that they did not have dietitians, and that their nurses took the Dietetic Course at the technical schools in those localities. Then four letters, from what might be termed the medium hospitals, where the dietitian gave a short course of theory as based on the work outlined in "Pattee," and a two months' practical training in the diet kitchen, where they receive a practical knowledge of the fundamentals of food preparation and serving. In all but one case there is a resident dietitian, with constant supervision of all general diets, but little time given to "the special diet in disease." In one case the pupil nurses prepared and cooked all foods under the supervision of the dietitian, and thus put their theory into practical use. The remaining five letters were fully detailed accounts of the theory and practical work of the larger hospitals.

Making a study of all of these, and of our own course, would suggest the following as a practical course, that could quite easily be adopted by any of our hospitals, and would mean standardizing a very important branch of a work in which we, as Canadians, should one day excel.

The text book in almost universal use is "Pattee's Practical Dietetics," and, with the aid of "Conns' Bacteria, Yeasts and Molds," and "Snyder's Human Foods," the following has been compiled:

Take a period of from two to three hours, with at least one half of the time set apart for theory, and after an introduction comprising the principles of nutrition, processes concerned in growth, maintenance and repair, the principles of chemistry of foods, digestion, absorption, metabolism, then notes are given, and well demonstrated and explained, and at least eight receipes given for each lesson; the remaining time for the pupil to put into practise the knowledge, if any, acquired. Divide the lectures into twenty lessons as suggested in the following headings:

1. Foods.—Classification of food stuffs, composition and examples of protein, carbohydrate, fats, water, mineral salts, amount of, and use in the system. Nutritive value, function, preparation, digestibility. Origin of organic food substances, and the manufacture in plants, also their use, including acids, vitamines, and condements. Action of ferments on food. Sources and function of enzymes.
2. Beverages—Uses, classes of beverages, nutritious, stimulating, refreshing—tea, coffee, cocoa, where found and process of manufacture, good and injurious qualities. Recipes.

3. Cereals and Gruels.—Composition of, value in the diet, nutritive value, cleaning, cooking. Recipes.
4. Milk.—Composition, protein (casein, lactalbumen), carbohydrate (lactose or milk sugar), fat, water, mineral matter, acid, care of milk; value in diet as compared with other foods, nutritive value; pasteurizing, sterilizing, characteristics of milk. Uses in the diet.
5. Eggs.—Albuminous in nature, structure, food value, digestibility, nutritive value, value in general and invalid diet; care of eggs. Uses in the kitchen, tests for fresh eggs. Recipes. Attractive method of serving to appeal to invalids.
6. Milk and Eggs, and Cornstarch Puddings.—Starch a carbohydrate, composition, nutritive value, description of starch granules; sources of starch in vegetable and animal kingdom. Effects of heat on starch. General rules in cooking starch. Recipes. Method of combining milk and eggs to vary fluid and light diets. Value in diet and recipes of custards, junkets, etc.
7. Vegetables and Soups.—Classification of vegetables and composition. as legumes, chief source of protein in the vegetable diet; roots and tubers, carbohydrate; green vegetables, small per cent of carbohydrate, valuable in diabetes, and for extractives, mineral salts, vitimines, nutritive value, digestibility, general rules in cooking. Recipes. Soups—classes (meat or broth and vegetable or cream), and standard white sauce (its innumerable uses in the diet).
8. Cheese.—How manufactured and the value of rennet and bacteria; composition, nutritive value. Rules for keeping cheese. Recipes.
9. Fruits.—Species, value in diet, composition (water, carbohydrate), as (succrose, dextrose, levulose, pectin), starch, e.g., banana. Digestibility, uses as beverages; characteristic organic acids and etheial bodies. Medicinal value, e.g., oranges, valuable in constipation; apples exert an excellent influence on liver and kidneys, and are valuable in acidity of the stomach. Bromelin in pineapple, an active digestive principle, similar to pepsin. Figs and prunes, excellent laxatives. Care of fruit and precaution in use. Then recipes for attractively serving them.
10. Meats.—Composition, great value as source of protein, albumen, haemoglobin, elastin and myosin) and its building and repairing qualities. Mineral salts and fats. Digestibility; objective points in cooking; tests for kinds of meat and freshness; care of meat.
11. Chicken and Fowl.—Value in diet of protein and extractives, value of jellies and broths for fluid patients; digestive qualities of white meat; the ease of digestion makes it most valuable. Tests for selecting and recipes. Demonstrations in cleaning, carving, serving. Using up leftovers and parts not easily served.
12. Fish and Oysters. Classes used in invalids' diet and why; and those only used in general diet and reasons for not using for invalids Great value as protein food, digestibility, nutritive value. Tests for freshness. Principles in cooking, preparation and serving.
13. Salads.—Value of mineral matter and vitimines and as condiment and the natural appetizer. Place and value in diet. Dressing used with them adds fat and carbohydrate. General rules of preparation, and attractive serving with recipes.
14. Gelatin Dishes.—Composition and nutritive value, and where procured. nitrogenous food classed with proteins under gelatinoids and albumenoids and derived from collagen, the chief constituent of connective tissue, from which it is prepared, as calves' feet. Isinglass, a pure form of gelatin from the bladder of the sturgeon. Peculiarities of gelatin Ease of digestion. Value as protein, supplying nitrogen to the body and leaving true protein to build tissue. Classes of gelatine dishes, general rules of preparation, recipes.
15. Quick Breads.—How Flour is prepared; sources of yeast, baking powder, cream of tartar and their manufacture. A carbohydrate food. Value in diet as compared with other foods, as milk. Nutritive value. Digestibility. Careful description of the process of bread, drop cakes, muffins and reasons for different steps. Recipes.

16. Cake Mixtures.—Methods of incorporating air. Rule of preparation and reasons for methods employed. Necessity of fresh ingredients. Recipes.
17. Miscellaneous.—Instructions and recipes for the preparation of milk toast; sandwiches; sweet breads, source, nutritive value and care in preparation, digestive and injurious qualities.
18. Ice Creams.—Nutritive quality, value as food and beverage; care in serving—as to sanitary and daintily served dishes, and not to retard digestion of other foods. Great variety of recipes; addition of fruits, nuts, etc., adding additional value.
19. Care in Serving Foods and Diets.—Care of food and dishes, serving hot foods hot, and cold foods cold; cleanliness in preparation and serving attractive trays to patient. Food is the main event of the day and must please the eye to foster the appetite. Diets as general, light, soft, and fluid; what foods used and what avoided, and reasons for their use. Menues for each class of diet. Caloric value of foods, and method of applying caloric standard. Well balanced diets, and daily rations.
20. Diets.—Relation of foods to various conditions. Important factors that especially effect digestion, as regularity in serving; quantity of food required. Diets for Infants; children from 2-4 years. School age child. Diet in old age; Diet in obesity, diabetes, chronic diahorrea, chronic constipation, nephritic, dispepsia, post-operative, typhoid.

Then follows a careful review and a written and practical examination.

This work is given in the junior year, and in the intermediate a two months' term in the diet kitchen of practical work. The principle foods, as meats, fowl, meat stock, soups, broths cereals, porridge, cooked and green vegetables, puddings, cakes, custards, and ices, are all prepared by cooks and their assistants in a main hospital kitchen, and sent by closed trucks and lifts to the diet kitchens on each floor, where supplies are kept hot in steam tables or cold in refrigerators. The junior nurse sets the trays, serves the soups, fluids, egg-nogs, etc.; the senior nurse in the kitchen makes cream soups, junkets, albuminous drinks, egg-nogs, etc., and serves the food and carries trays well covered to the patient's bedside, serving them quickly enough to be hot and appetizing for the patient.

The dietitian and pupil dietitian order, check, weigh and examine all food supplies received, keeping account of same and putting them away in proper places. Inspect all foodstuffs for main kitchen, order daily all foods before being sent to diet kitchens; inspect trays and supervise setting and serving of trays, and diet kitchens in general. Write all diets, prepare dainty desserts, jellies, pressed chicken, ice creams, water ices, etc., for the private patients.

The dietitian has charge of the monthly and yearly stock sheets; aggregates the hospital census, the maid's time-book, etc.

The course for pupil dietitian is as follows:

The course of study for a pupil dietetian is of four months' duration and includes practical training, work divided as follows:

1. Locations, observations.
2. Ordering, receiving, storing and giving out of food supplies.
3. General serving of food.
4. Supervision of dining-rooms, linen, cutlery, dishes; inspection of trays,

5. Supervision of serving kitchens, linen, cutlery, dishes; inspection of trays, refrigerators, sinks.
6. Daily Menus.
7. Stock-taking.
8. Book-keeping.
9. Method of employing help.
10. Teaching.

This work may be divided as follows:

First month—First week, locations, observations and general idea of work; second week, responsible for cleaning of store-rooms, bread cupboards and refrigerators; third week, responsible for dining-rooms, this includes instruction of maids, inspection of maids, tables, linen, cutlery, cupboards, and weekly dish count; also weekly supply of dishes to all kitchens.

Second month—Planning menus, with special attention to utilizing leftovers. Instructing cooks as to amounts, recipes, etc.; sending up all meals and extra supplies to floor kitchens; supervision of food trucks each time they are sent out. This work should extend over second month.

Third month—Inspection of trays and supervision of diet kitchens generally. Ordering and receiving all supplies.

Fourth month—Stock-taking and book-keeping for third month.

Teaching Classes to be arranged whenever convenient throughout the entire course

Summing this all up we find even the smaller hospitals could use this advantageously for giving their pupils a thorough working knowledge of this very important branch of a course that is now recognized at the head of a long list for the higher education of women.

ESTELLA KRIBS,
Dietitian, Protestant General Hospital, Ottawa.

Read at C. A. N. E. Convention, 1921.

The Hospital Association of Philadelphia and the Philadelphia League of Nursing Education appointed a joint committee to make plans for a School for the Teaching of Preliminary Courses in Nursing Education in Philadelphia.

The plans submitted provides for the following: That the School be sponsored by the University of Pennsylvania, financed by the abovenamed associations; that its object be the teaching in one place, the preliminary course in nursing education, now being taught in fifty separate training schools, in Philadelphia and vicinity; that the curriculum as prepared by the National League of Nursing Education be adopted; that the subjects be taught by qualified instructors, now teaching in the Philadelphia Training Schools for Nurses.

The committee recommends that this plan be put into effect February 1st, 1922, and, if successful, that it be continued for those students entering the Training Schools in Setpember.

It is hoped that all hospitals will accept this opportunity to give the same preliminary course of instruction to their students, understanding, of course, that it is only an experiment.

Private Duty Nursing Department

The mass meeting of the private duty nurses of Toronto, held on the evening of December 10th, 1921, was a very enthusiastic and largely attended one, several hundreds being present.

Miss Fife, provincial convener of Private Duty Committee, was in the chair, and after a few opening remarks asked Miss Gaskell, convener of the National Private Duty Committee, to speak to the nurses.

Miss Gaskell told of the necessity for and the events which led up to organization; that heretofore the private duty nurses had had no powerful body to whom they could appeal when the necessity arose; that it had been brought home to the nurses that, if they ever hoped to bring about any of the reforms to which they looked forward, united effort was necessary. The provincial organization was of little or no use to them, as they had no representation there as a united body, nor could they make demands as such.

In 1919 a request was sent in to the G.N.A.O. from the Central Registry, Toronto, that the private duty nurses have representation in that body as a standing committee. This request was granted and a convener of a private duty committee appointed. This committee will now be able to report at G.N.A.O. conventions and discuss those things which are of moment to the private duty nurse.

In 1920 the Central Registry sent a representative to the annual convention of the C.N.A. of T.N. It was found that all officers of this body were either superintendents of training schools or those in official positions; not a single private duty nurse anywhere, nor had she any place on the programme. Her interests and problems were not discussed, nor her opinions asked, although she composed over 90% of the organization, and is of course its main financial support.

It was felt that this should not be, and that now was their opportunity to ask for representation in the National Association. This was done and the request approved and granted. A convener of a national committee was appointed to draw up a place for a private duty section in the national body.

A form of by-laws was drawn up and submitted to the provinces. These by-laws were approved and every support promised. These by-laws were also presented at the Quebec convention and approved by the executive.

In October the provincial committee met and drew up a plan of work for the year, which comprises pensions for nurses, insurance, shorter hours of labour, magazine, nurse education, better nursing service. This committee has been hard at work on the various plans

since December.

Miss Gaskell urged that every nurse do her bit to make this section a help to every other nurse and a credit to the whole profession, that, by so doing, there could be no such word as failure. If they ever hoped to bring about the reforms and be able to meet the new problems that are constantly facing them in these days of rapid change, and do their share in meeting them, they must become an organized and united body. State medicine was being widely considered and would no doubt ere long be here, and the private duty nurse, who is the very soul of the profession, would be required by them, and she must not fail to take her place where she belongs—in the very front ranks.

It was hoped that this organization would bring great and good things to all. Already much had been accomplished, and it had only been working two months.

Miss Fife then called for reports from the different committees.

Miss Burnett gave an interesting report of information gathered on pensions for nurses.

Miss Cahill had interviewed many insurance men, and was still gathering information.

Miss Brown told of the inauguration of an hourly nursing service, whereby people of moderate means could engage a nurse by the hour.

Miss Crosby urged the nurses to try and make the private duty section of the magazine the very best in the magazine. That private duty nurses were often unable to attend meetings, but could always speak through the magazine; also histories of interesting cases or new methods of treatment would be welcome material.

Miss Fife thanked the nurses for their enthusiasm and the work when the meeting was brought to a close.

C. A. M. C. Nursing Service Department.

My Christmas Holiday, 1921

(By Nursing Sister C. M.)

Let me begin by explaining that I am one of the "returned" on private duty in "lil ole New York," where I trained. A further inheri-

tance from the C.A.M.C. is proving no small asset in these strenuous times, I assure you. To that service I feel deeply obligated. Apart from professional knowledge, I gained there a deeper insight into the peccadilloes of human nature—never again shall I be guilty of rash judgment of people or their motives. In the army I learned that Tommy Atkins may easily be a synonym for nobility of character and that the term "Overseas Sister" invariably spells true and enduring comradeship. Amongst ourselves a war service badge is the only necessary credential; its face value, to say the least, is an honoured introduction. Shortly after coming to New York, in 1919, and not wishing to be unduly bombastic, I had a miniature of the button made. This I wear on all occasions. By the uninitiated, it is diagnosed a college fraternity pin, and in that connection I have made interesting as well as amusing acquaintance. Surely, no field marshal wears his row of miniatures with greater pride than I this modest singleton. The last adventure that befell me through the medium of this innocent looking badge has proved the most agreeable of all—and, perhap, the most permanent.

A December morning, in 1921, found me, just off a case, leisurely strolling along Fifth Avenue, intent upon window shopping; this saunter being a preliminary canter towards the ultimate purchase of seasonable gifts. Lingering before a particularly attractively-dressed window, debate revolved as to the pros and cons of the "plain but practical" versus the "fascinatingly useless." My meditations were interrupted by a "Hello, Sister!" The "hello" came with the least pause after "hel" as though stop were made to gather breath for the "lo" that ended crescendo. Looking up, my first impression was of a sunny face—brown eyes and fair hair, but that of a stranger. With one hand she held back the lapel of her coat to display the Canadian war service badge, class A., the other outstretched in my direction. Responding warmly, I grasped her hand. Immediately began a bombardment: "What unit did you serve with? "How long in France?" "Where in England?" "In Salonica?" "I missed that." "Then you must have known so and so." This rapid fire questioning went on for quite ten minutes. C.A.M.C. curiosity temporarily allayed, there followed query as to present occupation, native home, etc. Sister X, too, was engaged in private nursing, and, liking it none too well, said she had not become re-acclimated to it just yet. At the moment she was on her way to appointment with a prospective patient, but "Why not meet for lunch?" she concluded. Without hesitation, I acquiesced. One o'clock found us at "The Blue Cockatoo," a shy, wee restaurant unknown to the multitudes who tramp underneath its windows daily. Nor, indeed, was it previously known to me. Entrance is gained by a narrow, rickety, unpromising-looking stairway. Crossing the threshold of a door on the first landing, doubt gives place to surprise. I suspected sister's badge had been changed into "Alf's Button," for here we seemed

to be in a ship's cabin—visions of Peggotty, Ham and Little David came to mind. Even the windows with their chintz curtains have a port-hole-y look. Odd bits of pottery, brass and copper decorate the walls—with here and there an occasional Japanese print. From a perch in one corner swings a blue cockatoo. At a desk facing the entire rooms sits the "mariner" of this non-sea-going craft. Its crew consists of two waitresses and a chef. The patrons are limited in number, but in originality of thought fully in accord with their surroundings. The history of this unique back-water of the "great white way" is a story in itself. I have been "recommended" as a permanent patron—the place is more club than restaurant, really, so I am looking forward to many pleasant hours there.

The chance meeting with Sister X—or was it Fate—led to further ones. Acquaintance soon ripened into congenial friendship— all owing to that blessed little button. Sister X, whom I was now calling Jane, was preparing to go to her Canadian home for Christmas. I, being without immediate relatives, was invited to go along. The proposal was declined until Jane suggested a Christmas tree for the children of returned soldiers in the vicinity of her home. An appeal so dear to my heart could not be resisted. At once we were in the thick of plots and plans to make the thing go. From the dispatch with which the list of names was made out, I judged it was not Jane's first venture in regard to these little ones. Later, I learned from one of them that not once, but twice, and thrice, during the summer vacation, "Sister" had provided ice cream treats, etc. The list numbered fifteen; to this five were added to cover new arrivals and emergency visitors. We pooled our resources, each putting in three days' pay. Not more than one nor less than half a dollar was to be expended on each gift—the balance to cover sweets, fixings, and a gift for an old mother or two who might be in real need. For a few days we "specialled" in toy-land, visiting big and little shops, buying mostly useful things. Jane's enthusiasm kept my spirits and interest from flagging. If the kiddies got as much fun and pleasure from the tree as we did from the preparation therefor, success was assured. Jane's big trunk was requisitioned and our purchases carefully packed. In spite of a dislike for carrying parcels, we could not resist last moment purchases, so that, on Friday morning, December 23rd, we arrived at the little wayside station in Ontario with well-filled arms. Jane tumbled off the train into the embrace of a very big brother, whose kiss resounded loudly. I was presented, our luggage collected, and we were soon jingling over the snow-covered ground; Rob Roy, for that was big brother's name, well entertaining us with news of the countryside. A comparatively short drive brought us to "The Elms," where at the door awaited Mother, Dad and Jane's younger sister, Elsie. The stranger was warmly welcomed and soon felt quite at home with this delightful family. Dinner

over by 2 p.m., off the young people scampered to a forest some miles distant; the "hired man" was not to rob us of the joy of bringing in the tree. At the edge of the wood a "board" was convened, after which the president and three members proceeded to inspect all trees within the area, dilating a while upon the merits and demerits of each.

Having had a series of medical boards himself, there seemed to be little procedure or technicalities of language with which Rob Roy was unfamiliar. His humourous interpretation led Elsie to enquire if medical boards were a form of entertainment or mental jerks for soldiers. After prolonged discussion and much merriment, the "board" became unanimous. A beautiful fir of gracefully proportioned branches was selected. Indeed, it was not without regret the verdict of death was pronounced; however, destined purpose dwarfed the seeming cruelty of hewing this noble tree from his fellows. And who can say it did not wish its "crowded hour of glorious life"....? We watched with interest the strong swift blows from Rob Roy's axe. Shortly, we were driving home in the shadow of our fir tree. Arrived, the lamps were lighted and supper in process of preparation. Next morning, bright and early, found us astir; chores over, the tree was brought and placed in the spacious living room. Whilst the trimmings were being applied, Mother, knitting the while, and Dad, pulling at his pipe, looked on admiringly; Elsie helping and gleefully exclaiming over each parcel as it was opened. When fully dressed, the tree was a joyous picture. After the others retired that night, Jane and I filled a surprise stocking for each member of the family. Breakfast next morning was a merry affair—we opened our gifts with all the enthusiasm of sixteen. In due time, we went to church and returned filled, with a fresh supply of peace and good will towards all.

Tuesday, the 27th, was the day set apart for the children. After an early dinner (as if dinner were not always early in the country!) Rob Roy, dressed to represent Santa Claus, proceeded to gather in the kiddies. Their joy at seeing a real Santa dash up in a gaily decorated sleigh, to the accompaniment of jingling bells, may be imagined. The sleigh, a low box-y sort of thing, holding eight or nine, had two arches, around which were twined evergreen, with here and there a bit of tinsel, cotton fluff and holly berries. A huge crimson bell dangled directly over Santa's head. Nor were the horse, harness and shafts without festoon. Excitement throughout the settlement was high. Whoops, hurrays and welcomes filled the air. Not within memory of the oldest inhabitant had there been such a scene. By 2 p.m. the children were assembled. A gramaphone ground out nursery rhymes, whilst games and dancing took place. Next in order came refreshments, cocoa, sandwiches, cakes of infinite variety—all the while eyes glancing lovingly towards the tree.

By this time the shyness of the little ones had worn off, and many

were the amusing remarks ventured. Then, all joining hands, they danced around the tree—this being interrupted by the official re-entry of Santa, who at once began the distribution of gifts. His allusion to little jokes in connection with each child or gift evoked peals of laugher. Such a comparison of presents as went on, each being more pleased with his own than any others. The comments of these country children, the genuine nature of their appreciation, of gifts so trifling in themselves, proved very touching to one accustomed to the blasé offspring of rich American patients. All too soon the sun began to set and Santa must needs be on his way. Wraps were donned, thanks and farewells said—the magic sleigh clanged its arrival and the first instalment of happy little ones was homeward bound. Such tales as they would have to tell their elders that night!

After the New Year, Jane and I exchanged the peaceful lamp-lighted "Elms" for the noisy, electric-lit, pavemented city. We've agreed never to take a case together for fear the experience might be at the cost of friendship. Rob Roy says he is coming at Easter to see "The Blue Cockatoo." I wonder how many days till then!

Nursing Sister Helen D. Shearer has been engaged in medical survey of the school children in Penetanguishine District.

Nursing Sister A. Hayhurst, A.R.R.C., whose headquarters are now at Toronto, visited Ottawa recently in the interests of her work.

Nursing Sister M. Moran is engaged in private nursing at Iroquois Falls.

Mrs. Herbert Stewart (nee Nursing Sister B. Spearman) is now resident at Ottawa.

Nursing Sister Pearl E. Everett has been visiting relatives at Newtonville, Mass.

The marriage of Nursing Sister Stella Bowlby to the Rev. A. Harding Priest, B.A., took place at Vancouver on November 1st, 1921, and on December 27th, 1921, that of Matron E. W. Russell, to Major T. J. Gray, of Regina, Sask.

The Toronto Saturday Night, issue of January 27th, contains an interesting and appreciative article entitled "The Heroic Nurses of the Prairies." Among these, prominence is given to the outstanding work of Nursing Sister Mary Hall, whose district (the Alberta) is forty miles from doctor and railhead. In this scattered area she renders valuable service; the cases where she has been doctor and nurse by turn include obstetrical, fractures, typhoid, pneumonia, hemorrhages, and innumerable minor ailments and injuries.

Nor, indeed, is it unusual for the nurse to conduct a funeral service. On the prairie the eight-hour day is unknown. A trusted pony stands ever ready to take sister over the trail at any hour, day or

night. This is often accomplished through a blinding snow-storm and invariably during the winter months, when the thermometer is anywhere below zero. And yet there are persons who believe nurses are overpaid, though they little begrudge doctor's comfortable fees for soothing advice transmitted by telephone.

With the Calgary General Hospital, of which she is a graduate, the C. A. M. C. shares the honour of claiming Nursing Sister Mary Hall.

Hospitals and Nurses

NOVA SCOTIA

SYDNEY.

The G.N.A. of Sydney was organized in January, 1920, under the presidency of Mrs. Fred Townsend. Monthly meetings were well attended and donations contributed to the Ross Memorial, Salvation Army Hospital, City Hospital, and Children's Aid Society. The following officers were elected for 1922-23: President, Mrs. J. E. MacLellan; Vice-President, Mrs. G. A. Mackay; Secretary, Miss M. E. Mackenzie; Treasurer, Mrs. D. A. MacLeod. An interesting paper on "Contagious Diseases" was read by Mrs. D. A. McLeod. Thhe meeting being adjourned, refreshments were served.

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QUEBEC

MONTREAL GENERAL HOSPITAL.

Miss M. Louise Parker (1903) organized the first class of trained attendants at the Central Y.W.C.A., Montreal, three months ago. Five ladies have passed examinations and been awarded pins, to be followed by a certificate, after six months' satisfactory service with a physician. This course consisted of morning classes extending over three months, with lectures afternoons and evenings once a week to anyone wishing to acquire a knowledge of home nursing. The uniform is Alice blue, with apron and kerchief, pin to be worn in front of cap, all designed by Miss Parker. They are to meet the demand for those who wish their services for non-serious cases, chronic and convalescent patients. It is Miss Parker's aim to introduce home nursing into the curriculum for girls, in both public and private schools for advanced students.

Miss Nancy Curwell (1918) has just returned from two years in charge of the operating room in St. Anthony's Mission, under Dr. Grenfell, on the coast of Newfoundland.

The usual Christmas dance was given by the Board of Directors for the nursing staff and students on December 28th. The residence

was beautifully decorated, and about 400 were present.

Mrs. Jensen and Miss Martha Armstrong are taking the course in Public Health Nursing, and Miss Frances Reed that for Instructors, at McGill University this year.

Miss Hardinge, who was assistant registrar of the C.N.A., has taken charge of the M.G.H. Night Nurses' Home.

Misses Constance Stewart and Eileen Daly are on duty at the Lawrence Hospital, Bronxville, N.Y.

Miss Ingraham (1908) is taking a course in X-Ray work at the M.G.H., whose department ranks among the largest on the continent. Over 21,000 skiagrams, treatments and fluoroscopic examinations being recorded.

Miss M. M. Muir (1913) is in charge of the medical record at the Montreal Maternity.

Miss Gertrude Arnoldi and Miss Margaret MacFarlane have both been called out of the city owing to illness of relations.

Miss A. E. Little, who has been till recently on the O. R. staff of the Winnipeg General Hospital, has accepted the position of supervisor of the operating room at the Royal Provincial Jubilee Hospital, Victoria, B. C.

The 15th annual meeting of the alumnae was held January 13th, a large number of nurses being present. The President's report showed an increase of membership and general advance along progressive lines. Interesting addresses had been given throughout the year, and the financial statement showed $500.00 on hand after a disbursement of $700.00 during the year. This included a donation towards a McGill scholarship in the University and a winner given to the graduating class. The report of the Mutual Benefit Association showed a balance in the bank and in Victory Bonds of $9,581.87, and a membership of 227. This benefit association entitles every member to eight weeks' free treatment and care in the hosiptal. One room always free for their use, and any others occupied at the same time are charged a minimum fee, which is paid from the fund.

Miss Lily Gray (class 1913) is engaged on the staff of the Henry Street Settlement, New York.

Miss Ruth Stericker (1913) is on the staff of the admitting office of the M.G.H., and Miss Jane Home (class 1918) is on the staff of the Pathological Department.

Miss Annie Toomes (class 1901) is spending the winter in Southern Europe.

The second annual meeting of the Association of Registered Nurses for the Province of Quebec was held at the Hotel Dieu, Montreal, January 10th, with Miss DeLany, the President, in the chair. A cordial welcome was given the large number of both French and Eng-

lish nurses by the sisters of the hospital. From the secretary's report it was learned that 440 new members had been registered during the year, making a total of 1,220. Public Health and Private Duty Nursing Committees have been organized, to be financed for a year by the association. Reports were read from the conveners of theses committees, which showed that interesting plans were in progress. These reports and other business were translated and given in French by Miss H. Chagnon.

An interesting address on the life and work of Jeanne Mance was given by the chaplain of the Hotel Dieu, Father Bertrand.

The following officers for the year were elected: President, Miss F. M. Shaw; First Vice-President, Miss M. F. Hersey; Secretary-Treasurer, Miss L. C. Phillips. Committee, Misses Guilmette, Chagnon, Noel, Jamieson (of Quebec), and Hetherington (of Sherbrooke).

Much regret was expressed at the information given that Miss DeLany, who has given so much time and interest to the association, being its president since formation, is leaving Montreal to take up other work.

ROYAL VICTORIA HOSPITAL.

Dr. C. A. Martin was the speaker at the usual monthly meeting in February of the alumnae, giving a most interesting talk on some Psychoneuroses. It was decided that Miss Brenda Eaton (1913) be appointed to act on the private duty committee of the C.N.A.T.N.

Miss Helen Rice, who has been on the staff of the hospital since her graduation in 1917, has left for a rest and holiday at her home in Moncton, N.B.

Miss Grace Martin (1919), who is taking the Instructor's Course at the School for Graduate Nurses, McGill University, has been appointed representative to the *Canadian Nurse* magazine.

Miss Irene Charlton (1921) has accepted a position in the operating room department of the Winnipeg General Hospital.

Her many friends will regret to learn that Miss Molly Black (1918) broke her leg recently and is confined to her home in Ottawa.

The Soldiers' Memorial Hospital, Campbellton, N.B., will have for its superintendent Miss Mary Bliss (1911), and Miss Vivienne Graves (1919) as assistant superintendent.

JEFFREY HALE'S HOSPITAL, QUEBEC.

Miss L. Sleeth (1921) has accepted a position on the staff of the Shawinigan Hospital.

Miss M. Sardyne (1921) and Miss M. MacRae (1921) have recently accepted positions on the staff of the hospital, and Misses D. M. Binning (1911) and I. Fellows (1918) have resigned their posts in the same institution.

ONTARIO

HAMILTON

The graduating exercises of St. Joseph's Hospital were held on January 25th at the Collegiate Institute, the Hon. J. S. Hendrie presenting the diplomas and pins. The following composed the class graduating: Misses M. Muransky, I. Brick, A. Campbell, M. O'Neil, M. Perry, J. Watts, C. Doer, C. Himmen, A. Brinning, M. Morris, M. Daley, J. MacDonald, J. Corriveau, H. Weisher, and M. Anderson.

After an interesting programme, prizes were presented as follows: Gold medal for general proficiency, by Rev. Mother Thecla, to Miss Agnes Brunning; gold medal, presented by Rev. G. L. Cassidy for diligence, won by Miss Clara M. Himmen; gold medal for theory of nursing, presented by W. P. Downes, M.D., won by Mary Anderson; and gold medal for practical nursing, presented by J. W. Edgar, M.D., won by Miss M. F. Perry. Addresses were given, the annual report of the hospital presented, and a brief outline of the new residence given by Mr. Radiger, after which a reception was held.

A linen shower for the residence for nurses was held on January 31st, under the auspices of the Catholic Women's Guild, with great success.

Misses M. McClarty and F. Irving have accepted positions on the staff of St. Joseph's Hospital.

TORONTO WESTERN HOSPITAL.

Misses Violet MacDonald has been appointed Supervisor in Cleveland Maternity Hospital, Cleveland, Ohio.

Misses Essex, Elinor Phillips, Kneeshaw, Northgrave, Patricia Tuckett, and Anne Gardner (nursing sister) have taken positions in New York City.

Miss Della Hutchison (Victoria Hospital, London), has been appointed Assistant Superintendent of the T.W.H., and Miss Gertrude Jeaves, of the Victoria Hospital, London, as supervisor of the private wards.

The pupil nurses, assisted by Miss McKee and the staff supervisors, gave a wonderful dinner to 100 children of the out-door patients. Each child received an article of clothing and a present from Santa Claus.

Mrs. Ward and Miss W. Jones are doing private duty nursing in Miami, Florida.

CHATHAM.

The annual meeting of the G.P.H.A. was held on January 9th, when the following officers were elected: President, Mrs. Bruce Stenton; First Vice-President, Miss Head; Second Vive-President, Miss Graves; Treasurer, Miss Kempton; Recording Secretary, Miss Stennett; Corresponding Secretary, Miss M. Knight. Press Committee, Miss Hor-

neck; Flower Committee, Miss Templeman (Convener); Programme Committee, Mrs. McRitchie (Convener); Board of Directors, Misses Stringer, Tinney and Thomas.

Smith's Falls General Hospital.

At the recent graduation exercises of the Smith's Falls General Hospital, the following received their diplomas and pins: Harriet Whiten, Alexandrina Holiday, Greta H. Faith, and Inez Gilmour. The Nightingale pledge was given to the nurses by Miss Masterson, the superintendent of the school. A thermometer was presented to each graduate, and flowers from the directors of the hospital. Addresses were given by Drs. Murphy and Kerfoot, Rev. Mr. Ellis, Mr. Crabbe, and Mr. J. S. Gould. Ven. Archdeacon Bliss presented Mrs. Whiten, the senior of the class, with a case of instruments donated by Mr. J. S. Gould, chairman of the finance committee of the board. A buffet luncheon was served in the board room, after which a social hour was spent.

Kingston General Hospital.

The annual meeting of the alumnae of the Kingston General Hospital was held in the Nurses' Home, the President, Mrs. G. H. Leggett, in the chair, with a large attendance of members present. Reports of officers, election of officers for the ensuing year, and letters of thanks received from nurses who had received flowers during recent illness, and from Miss Frances Robinson for money sent her for use in the work of the local V.O.N., were among the features of the business session.

Miss Emily Baker, at one time a V.O.N. nurse in Kingston, was made a life member of the Alumnae Association.

Miss Claudia Boskill, formerly superintendent of the hospital, very kindly remembered the alumnae at Christmas time with a generous cheque, accompanied by the request that it be used for alumnae purposes.

* * * *

MANITOBA

Misses Persis Johnson, C. MacLeod, Cannon and Margaret Gemmill, the latter as Brandon delegate, were in attendance at the recent convention of the Manitoba G. N. A. held in Winnipeg. Miss Gemmill gave an interesting paper on "Anaesthesia," and Miss Cannon one on "X-Ray work for nurses." The new hospital will possibly be opened the middle of March. In this connection the members of the association had the high cost of living brought home to them by the report of Miss MacLeod, convener of the Furnishing Committee for the Diet Kitchen, when she told the prices of egg-beaters, soup strainers, etc. Their hardly accumulated two thousand dollars will soon slip through those strainers into the consomme.

Mrs. Pierce, who has been disabled owing to a Colles fracture, was able to be present at the February meeting.

ST. BONIFACE.

Mrs. J. Dunlop, Misses Gladys Maybury, Goldie Leiterman and Myrtle Jephson have all returned recently to the city.

Nursing Sister Stella Gordon has been taken on the staff of the S.C.R. at Winnipeg.

* * * *

SASKATCHEWAN

Many are the expressions of regret heard at the departure from Saskatchewan of Miss Jean E. Browne, who has recently received the important appointment of Director of Junior Red Cross work throughout Canada, with headquarters in Toronto. While Miss Browne is congratulated upon her appointment, the Canadian Red Cross Society is also to be congratulated upon securing the services of one so eminently fitted for such an important work.

Miss Browne has been closely associated with all movements tending to nursing progress since she came to the Province in 1911. She first organized school nursing in the Regina city schools, and a few years later she was appointed, under the Department of Education, the Director of the Division of School Hygiene for the Province. All who are familiar with the development of school nursing in the Province of Saskatchewan know that it is due to Miss Browne's wise direction and leadership that such an excellent service has been established.

In the effort to secure registration for nurses, Miss Browne was one of the most active workers. Since registration was secured in 1917, Miss Browne has been President of the Registered Nurses' Association, with the exception of a year, during which she was absent from the Province.

In the few weeks preceding her departure, Miss Browne was the guest of honor at many social functions. The nurses of Moose Jaw tendered a most delightful dinner to Miss Browne. The Saskatoon Nurses' Association was fortunate that Miss Browne was able to be present at a special meeting on the evening of the 14th of February. The senior nurses from the Saskatoon City Hospital and St. Paul's Hospital had also been invited to hear the excellent address given by Miss Browne on "Registration." Just on the 'eve of Miss Browne's departure from Regina, she was the guest of honor at a dinner tendered by the Regina nurses, with whom she has been so closely associated during the past ten years.

Miss Browne's many friends in Saskatchewan join in wishing her all success in her new undertaking.

* * * *

BRITISH COLUMBIA

VICTORIA

Victoria G.N.A. recently held their annual meeting in the Nurses' Home of the Royal Jubilee Hospital. The following officers were elected: President, Miss M. E. Morrison; First Vice-President, Mrs. J. P. Sylvester; Second Vice-President, Miss E. McLaughlin; Secretary, Mrs. H. G. Chambers; Treasurer Mrs. Dixon: Executive, Mrs. Stewart, Mrs. Sinclair, Miss Hibbert, Mrs. York, and Miss Vanwright. After reports from the President, Secretary-Treasurer and Registrar, Dr. Wace gave a most interesting address on what was being done for the disabled soldier, particularly those suffering from tuberculosis. Refreshments were then served and the meeting adjourned.

VANCOUVER.

The Vancouver G. N. A. were hostesses on February 4th at a card party held in the Women's building. The rooms were very attractive with bright grate fires and yellow daffodils. The prizes were won by Misses A. McLellan and Hineman. Refreshments were served by the Social Committee, convened by Miss B. Stevens and assisted by the president, Miss Haskins, and the secretary, Miss E. V. Cameron.

The regular meeting of the V.G.H. Alumnae was held February 7th, when general business was discussed. It was gratifying to note the increased attendance, though there is still much room for improvement.

The annual dance of the alumnae was held in Lester Court on February 9th. The function was a decided success, and much credit is due the committee in charge of details.

Misses A. Wright and Emma Davies (1918) have returned, after a year spent in Philadelphia.

Miss Dorothy Jolliffe (1920) has recently assumed charge of the O.R. at the Golden State Hospital, Los Angeles, Calif.

Miss W. Manson (1920) has resigned her position in the O.R. at the V.G.H., and has left on an extended visit to New York.

Misses I. Smith, J. Runcie and Meta Reid (1921) have accepted positions in St. Luke's Hospital, Seattle, Wash.

Miss E. McVicar is on the staff of the Manhattan Eye, Ear, Nose and Throat Hospital, New York.

Miss E. Stone (1917) is taking a course in anaesthetics at the Post-Graduate Hospital, New York.

BIRTHS

Burwell—At Marysville, Mich., on January 16th, 1922, a son (Lee Fraser) to Mr. and Mrs. B. H. Burwell (Lottie Fraser, Montreal General Hospital class 1911).

Driver—At Kamloops, B.C., on February 2nd, 1922, to Mr. and Mrs. W. E. Driver (nee McCordick, Regina General Hospital, 1917), a daughter.

MacGregor—At Dalhousie Mills, Ont., on January 30th, 1922, to Mr. and Mrs. MacGregor (Mary McLeod, Montreal General Hospital, 1916), a daughter.

Spencer—At 252 Hampton Avenue, Montreal, on January 28th, 1922, to Mr. and Mrs. C. A. Spencer (Ethel Patterson, Montreal General Hospital, 1915), a son.

Baptist—In Three Rivers, Que., on January 19th, 1922, to Mr. and Mrs. Edward Baptist (Yvonne Hart, Montreal General Hospital, 1913), a daughter.

LeMesurier—At the Jeffrey Hales' Hospital, Quebec, on January 9th, 1922, to Mr. and Mrs. Sydney LeMesurier (Grace Matthews, Jeffrey Hales' Hospital, 1915), a son.

Montgomery—At the Montreal Maternity Hospital, on January 21st, 1922, to Rev. T. A. and Mrs. Montgomery (Margaret Drummond, Royal Victoria Hospital, Montreal, 1916), a daughter.

MARRIAGES

Hunter-Preston—In Saskatoon, Sask., on Saturday, February 11th, 1922, Miss W. B. Preston (St. Paul's Hospital, 1919), to Mr. H. S. Hunter.

Gearey-Bell—On January 25th, 1922, at St. Mark's Church, Vancouver, B.C., Virginia Bell (Vancouver Genereal Hospital, 1921), to Verne S. Gearey, M.D., of Malvern, Arkansas, U.S.A.

Clark-Lemieux—On December 22nd, 1921, in Winnipeg, Man., Phyllis Lemieux (St. Boniface Hospital), to R. W. Clark. Mr. and Mrs. Clark will reside in Winnipeg.

Soet-Lanktree—On January 7th, 1922, in the Methodist Church, Welland, Ont., by Rev. Mr. Wells, Louise Isabella Lanktree (Montreal General Hospital) to Louis Soet, of Ashtabula, Ohio.

Hawkes-Morse—On October 28th, 1921, in Vancouver, B.C., Clara E. Morse (Royal Free Hospital, London, England) to Wilfred Hawkes, of Bournmouth, England.

Oliver-Whitworth—At the Presbyterian Church, Schrieber, Ont., on February 2nd, 1922, Leonie I. Whitworth (Vancouver General Hospital, only daughter of Mr. and Mrs. Isaac Whitworth, Ladner, B.C.) to Dr. Edward B. Oliver, of Fort William, Ont.

Hazelstine-Marshall—At Eversley, Ont., on January 18th, 1922, Bessie Marshall (Toronto Western Hospital, 1921) to Rev. H. W. Hazelstine.

Carlisle-Cringan—At Toronto, on January 28th, 1922, Helen M. Cringan (Toronto Western Hospital, 1920), to Dr. Vernon Carlisle.

Toomey-Owen—On August 10th, 1921, at Bridgewater, N.S., Violet Owen (Jeffrey Hales' Hospital, Quebec, 1918), to Mr. George Toomey, of Halifax.

Rowley-Ford—On August 31st, 1921, at Portneuf, P.Q., Katherine Ford (Jeffrey Hales' Hospital, Quebec, 1919), to Mr. Robert Rowley.

Rowan-Gunning—At Christ Church Cathedral, Montreal, by Rev. Dean Carlisle, Ione, daughter of J. W. Gunning, Pictou, N.S., to Arthur Alexander Rowan, son of J. Jackson Rowan, of St. John, N.B. Mrs. Rowan is a graduate of Montreal General Hospital, class 1921.

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ALUMNAE ASSOCIATION OF JEFFREY HALE'S HOSPITAL, QUEBEC.

Honorary President, Miss Mary Shaw; President, Mrs. M. K. Craig; First Vice-President, Miss White; Second Vice-President, Miss MacKay; Recording Secretary, Miss A. Murphy, 247 St. Cyrille Street, Quebec; Corresponding Secretary, Miss Una Gale; Treasurer, Miss M. Fischer.

Executive Committee—Miss May, Miss Lenfesty, Miss C. Kennedy, Miss Black, Miss Wilson. Refreshment Committee—Miss D. Binning, Miss Fellows.

Representative to the "Canadian Nurse"—Miss V. Horner.

Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

LIST OF OFFICERS OF THE PROTESTANT GENERAL HOSPITAL, SHERBROOKE, QUE.

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THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

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Convener of Programme Committee—Miss Ada Chisholm.

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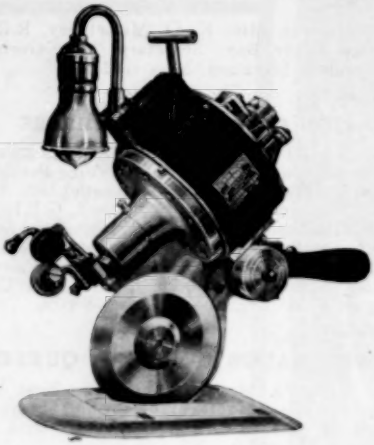

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DR. SENIOR: "I'm glad you brought that up. That moist center shows where the exudate has been taken from the congested tissues, and is demonstrative proof of the osmatic action of Antiphlogistine, my boy."

DR. JUNIOR: "Well, now—that is something to know—!"

DR. SENIOR: "And furthermore, I have come to consider this 'selective' action of Antiphlogistine, as almost Diagnostic of inflammatory process below the surface where the poultice has been applied."

DR. JUNIOR: "In other words then, Antiphlogistine, in inflammatory conditions has a diagnotic as well as remedial value. Odd, isn't it?"

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